SERVICE AUTHORITY FOR FREEWAY EMERGENCIES (SAFE) ACTION REQUEST FOR CALL BOXES

Before doing any work affecting call boxes, please complete this form and fax or mail it at least four weeks in advance to the appropriate county SAFES.

					Date		
	For Riverside County call boxes: Phone: (951) 787-7141 RCTC Safe Director Fax: (951) 787-7920 4080 Lemon Street, 3rd Floor E-mail: jrivera@rctc.org Riverside, CA 92502-2208					or	
	For San Bernardino County of Phone: (909) 884-8276, ext. Fax: (909) 388-2002 E-mail: klynn@sanbag.ca.gov	Ms. Kelly Lynn SANBAG SAFE Director 1170 W. 3rd St., Second Floor San Bernardino, CA 92410					
Fro	om (Contact Name and Organ	nization)					
□ C	ermittee* construction laintenance ight of Way Utilities caltrans E may charge Permittee for cost	of					
Add	ess					7: 0 1	
City				State		Zip Code	
Business Phone (Include Area Code)		FAX Phone (Include Area	Code)	No. of Pa	of Pages Including this Cover Page		
Call SBd(on Needed: If there is a cabox numbers must be incomposed for a box on WB (because II Box Number(s):	cluded. (The number i	is shown o	n the ca	II box sign,		
ı	Temporary removal from service: Bagging ONLY – needed by						
	(if K-Rail will block access or the shoulder will be too narrow during construction only)						
1	☐ Temporary removal of box	Temporary removal of box and pole ONLY – needed by					
(if equipment is working close to the box)							
1	☐ Removal of box, pole, pad	Removal of box, pole, pad, auger, and any retaining walls needed by					
1	☐ Relocation needed by	Relocation needed by					
	(if MBGR, etc., will permanently affect/block access)						
1	☐ Place call boxes back in se	Place call boxes back in service.					